									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR										1				
Effective December 29, 1999											74	777		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER		
FOR			NUMBER FILED NUMBER EXTE						RATE	FEE	1	RATE	FEE	
BASIC FEE				neut .					345.00	OR	de la	690.00		
TOTAL CLAIMS			19	minus 2	20=	. 100			X\$ 9=		OR	X\$18=		l
INDEPENDENT CLAIMS							J 		X39=		OR	X78=		l
ΜL	ILTIPLE DEPEN	IDENT	minus 3 = * CLAIM PRESENT umn 1 is less than zero, enter "0" in column 2					g fersi			On			l
* If the difference in column 1 is less than zero, enter "0" in column 2									+130=		OR	+260=	/ 0 /	ı
										OR	TOTAL	(370		
	С		IS AS AMENDED - PART II						SMALL	~ ENTIT∨	OR	OTHER SMALL		l
	and the second	CL	umn 1) AIMS	thirm is a		Column 2) HIGHEST	(Column 3)		SWALL	ADDI-	Оn I I	SWALL	ADDI-	ł
AMENDMENT A		Al	IAINING FTER NDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	·	23	Minus	**	20	= 3		X\$ 9=	, , , , ,	OR	X\$18=	54-	
	Independent		5	Minus	***	.3	<i>-</i> ∂		X39=		OR	84×78=	168-	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												740	
20									+130=	•	OR	+260=		
19. 21.								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		ļ	
3	Y		umn 1) AiMS	Le recommendation		Column 2) HIGHEST	(Column 3)		•					
AMENDMENT B		REM Al	IAINING FTER NOMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. /	8	Minus	**	23	=)	X\$ 9=		OR	X\$18=	\ /	r
	Independent		3	Minus	**1	(5)	= X		X39=		OR	X78=	V	
	FIRST PRESE	NTATIC	ON OF MU	JLTIPLE DEP	PENC	DENT CLAIM			+130=			+260≠		
								ı	TOTAL		OR	#200 3 ZOTAL	$\overline{}$	ľ
								,	ADDIT. FEE		OR	ADDIT. FEE		_
			umn 1) AIMS			Column 2) HIGHEST	(Column 3)	_				J		
AMENDMENT C	A CONTRACT	REM AF	AINING TER IDMENT	TO SHAPE OF	PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9= ·		OR	X\$18=		
	Independent	.*		Minus	***		=	ŀ	X39=			X78=		
۷	FIRST PRESE	NTATIC	ON OF MU	JLTIPLE DEF	PEND	DENT CLAIM		┞	705-		OR	770=		l
			,				_		+130=		OR	+260=		
**	f the entry in colur f the "Highest Nur	nber Pre	eviously Pa	iid Fo r" IN THIS	SSPA	ACE is less that	n 20, enter "20."		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
	If the "Highest Nui The "Highest Num									propriate box				